

APPLICATION DATA SHEET

Application Information

Application Number::
Filing Date:: 03/31/04
Application Type:: Utility
Subject Matter::
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title Line One:: Display Assembly with Improved Display Object
Visibility
Title Line Two::
Attorney Docket Number:: 64367.000002
Request for Early Publication?:: No
Request for Non-Publication?:: Yes
Suggested Drawing Figure::
Total Drawing Sheets:: 8
Small Entity?:: Yes
Petition Included?::
Petition Type::
Licensed US Government Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Application?:: No

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant One Given Name:: Robert
Middle Name:: Joseph
Family Name:: Angen
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address Line One:: PO Box 731090
Street of Mailing Address Line Two::
City of Mailing Address:: San Jose
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code:: 95173

Applicant Two Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Two Given Name:: John
Middle Name:: Garrett
Family Name:: Penn
Name Suffix:: II
City of Residence:: San Jose

State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address Line One:: PO Box 731090
Street of Mailing Address Line Two::
City of Mailing Address:: San Jose
State or Province of Mailing Address:: CA
Country of Mailing Address : US
Postal or Zip Code:: 95173

Correspondence Information

Correspondence Customer No.: 21967
Name::
Street of Mailing Address Line One::
Street of Mailing Address Line Two::
City of Mailing Address:
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code::
Telephone Number::
Facsimile Number::
E-Mail Address::

Representative Information

Representative Customer Number:: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country:	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::